



State of Rhode Island  
Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION  
REAL ESTATE APPRAISERS SECTION**

233 Richmond Street, Suite 230  
Providence, Rhode Island 02903-4230  
Telephone (401) 222-2262 Facsimile (401) 222-6654  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

**APPLICATION FEE\*:**

**\$200.00 – RESIDENT      \$250.00 – NON-RESIDENT      \$200.00 – RECIPROCITY**

**\*MAKE CHECKS PAYABLE TO: RI GENERAL TREASURER**

- Applicant must print or type. Incomplete applications will be returned.
- All information requested must be completed to the best of applicant's knowledge. If additional space is required, please attach additional pages and so annotate any answer for which additional information is required.
- Any information provided may be independently verified by either the Rhode Island Real Estate Appraisers Board and/or the Rhode Island Department of Business Regulation. All answers must be made truthfully and accurately by the applicant.
- Please read Rules and Regulations Governing the Licensing or Certification of Real Estate Appraisers in the State of Rhode Island *prior* to filling out this application. The Rules and Regulations can be obtained on the Department's website.

**APPLICATION FOR:**

☐ TRAINEE LICENSE

☐ LICENSE RESIDENTIAL

☐ CERTIFIED RESIDENTIAL

☐ CERTIFIED GENERAL

1. FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

2. RESIDENCE: \_\_\_\_\_  
NO. STREET TOWN STATE ZIP

3. DELIVERY ADDRESS  
(IF DIFFERENT)  
\_\_\_\_\_  
NO. STREET TOWN STATE ZIP

4. WORK ADDRESS  
\_\_\_\_\_  
NO. STREET TOWN STATE ZIP

5. DATE OF BIRTH: \_\_\_\_\_

6. STATE OF LEGAL RESIDENCE: \_\_\_\_\_

7. WORK PHONE: (    ) \_\_\_\_\_

8. HOME PHONE: (    ) \_\_\_\_\_

9. SOCIAL SECURITY NUMBER: \_\_\_\_\_

10. PRESENT EMPLOYER – NAME & ADDRESS

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11. LIST ALL RESIDENCES FOR PAST FIVE YEARS; LIST PRESENT FIRST

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12. LIST ALL EMPLOYMENT FOR PAST FIVE YEARS; LIST PRESENT FIRST

FROM –TO	EMPLOYER	ADDRESS	PHONE
POSITION:		DUTIES:	

FROM –TO	EMPLOYER	ADDRESS	PHONE
POSITION:		DUTIES:	

FROM –TO	EMPLOYER	ADDRESS	PHONE
POSITION:		DUTIES:	

FROM –TO	EMPLOYER	ADDRESS	PHONE
POSITION:		DUTIES:	

FROM –TO	EMPLOYER	ADDRESS	PHONE
POSITION:		DUTIES:	

**13. LIST ALL LICENSES/CERTIFICATES HELD (Past & Present) PERTAINING TO REAL ESTATE AND APPRAISAL WORK**

<u>NAME</u>	<u>ISSUED BY</u>	<u>HELD SINCE</u>	<u>HAS IT BEEN REVOKED</u>

**IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE A COMPLETE EXPLANATION ON A SEPARATE SHEET OF PAPER.**

**14. Have you ever been denied an appraisal license or certificate or had an appraisal license or certificate of any type suspended, revoked, or surrendered in Rhode Island or anywhere else, or are there any changes, administrative actions or lawsuits pending against you in connection with any appraisal or other professional license that you now hold or have held?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**15. Have you ever been convicted of any criminal offense (other than minor traffic offenses) or is there any criminal charge now pending against you? If yes, provide a complete copy of the court’s disposition, arrest warrant, and indictment.**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

## WAIVER

I, \_\_\_\_\_, of \_\_\_\_\_  
(Applicant name) (Address)  
having a date of birth of \_\_\_\_\_ and a social security number of \_\_\_\_\_  
am applying for a \_\_\_\_\_ license with the Department of Business Regulation  
and I hereby direct and authorize the Bureau of Criminal Investigation of the Department of Attorney  
General for the State of Rhode Island to make available to the Department of Business Regulation any  
criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to  
me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind,  
nature and description, arising from any release of criminal records and requests therefrom, whatsoever  
against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees  
of the Attorney General's Office and officials of the Department of Business Regulation in both law and  
equity which I may now have or in the future may have.

\_\_\_\_\_  
(Signature of Applicant)

Sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

## SECTION II – EXPERIENCE

Prior to completing Sections II & III, carefully review the experience and education requirements  
established by the Rhode Island Real Estate Appraisers Board. These requirements are included with  
this application and include important definitions and information needed to complete this application.  
Only those individuals who meet the requirements for Certification as established by the Rhode Island  
Real Estate Appraisers Board may apply for certification by the Board.

The applicant herein grants to the Rhode Island Real Estate Appraisers Board and/or the Rhode Island  
Department of Business Regulation, their agents and representatives the right and authorization to make  
such inquiries as it deems necessary to verify the information in this application, which authorization  
shall include, but not be limited to, requesting samples of previous work performed, requesting  
evaluations by prior employers of applicant's work product, requesting explanation as to type of work  
performed, verifying hours and term of employment, requesting verification of educational experiences  
and courses taken, and requesting information from governmental entities and other sources of  
information relevant to this application. An applicant shall execute such documents and forms as are  
necessary to obtain such information.

No application will be processed without the applicant's executing and submitting a signed copy of the  
waiver and release in Section IV of this application. Read this document carefully and consult with an  
attorney if you do not understand it.

16. How many years of full-time real estate appraisal experience do you possess? \_\_\_\_\_

17a. How many years of part-time real estate appraisal experience do you possess? \_\_\_\_\_

17b. During this time, what was the average number of hours per week devoted to real estate appraising?  
 FULL-TIME \_\_\_\_\_(Hours)      PART-TIME \_\_\_\_\_(hours)

**18. EXPERIENCE – (not required for trainee license)**

The experience to be set forth below should be limited to experience occurring during the five (5) years immediately proceeding the date of this application. The appraisal process should have been utilized for the experience to be creditable. This would apply to the appraisals as well as to other areas of acceptable experience.

See Section 7 of the Rules & Regulations governing the certification of Real Estate Appraisers.

<u>YEAR</u>	<u>TOTAL NO. OF HOURS</u>	<u>TOTAL NO. OF APPRAISALS</u>	<u>TOTAL NO. OF RESIDENTIAL APPRAISALS</u>	<u>TOTAL NO. OF 2-4 FAMILY APPRAISALS</u>	<u>TOTAL NO. OF COMM/IND. APPRAISALS</u>	<u>OTHER</u>

**Each applicant for certification shall be required to furnish under oath a detailed listing of the real estate appraisal reports or file memoranda for each year for which experience is claimed by the applicant. Such information shall be provided as Appendix A of this application.**

## **APPENDIX “A”**

### **DETAILED LIST OF EXPERIENCE CREDITS**

[illegible]

### **SECTION III – CERTIFICATION**

19. As a prerequisite for licensing and certification of residential and general real estate appraisers, each applicant must clearly demonstrate that he or she meets the minimum requirements for education set forth by the Rules and Regulations governing the Certification of Real Estate Appraisers.

For certification as a trainee or licensed appraiser, the applicant shall have successfully completed the requisite appraiser courses, or courses in appropriate subjects. For certification as a residential appraiser, the applicant shall have completed the requisite classroom hours of appraiser courses, or courses in appropriate subjects. For certification as a general appraiser, the applicant shall have successfully completed the requisite classroom hours in such approved courses, or in courses in appropriate subjects. No course of less than 15 classroom hours and no course in which the applicant did not successfully pass an examination shall be counted toward meeting the minimum education requirement.

The Board reserves the right to reject any application that is not properly documented or which does not clearly meet the standards set by the Board. Please include transcripts where appropriate.

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### **SECTION III (cont'd) – EDUCATION**

20. You are required to submit documentation to support your educational claims contained in this application.
21. General certification applicants must demonstrate course work with particular emphasis on the appraisal of non-residential properties (i.e. properties other than 1-4 units).

22. **NOTE:**

This grid **MUST** be completed along with Appendix “A”.

All courses submitted **MUST** contain a minimum of fifteen (15) classroom hours and the individual student must have passed an examination in each course.

<b>COURSE TITLE</b>	<b>SCHOOL SPONSOR</b>	<b>CLASSROOM HOURS</b>	<b>MONTH/ YEAR</b>	<b>EXAM PASS YES/NO</b>

**TOTAL HOURS**\_\_\_\_\_

## SECTION IV – CERTIFICATION

The Applicant herein grants to the Rhode Island Real Estate Appraisers Board and/or the Rhode Island Department of Business Regulation, their agents and representatives, the right and authorization to make such inquiries as it deems necessary to verify the information in this application which authorization shall include, but not be limited to, requesting samples of previous work performed, requesting evaluations by prior employers of applicant's work product, requesting explanations as to type of work performed, verifying hours and terms of employment, and requesting verification of education experience and courses taken, and requesting information from governmental entities and other sources of information relevant to this application. An applicant shall execute such documents and forms as are necessary to obtain such information.

I, the undersigned, hereby certify that all the information contained in this application is true and correct to the best of my knowledge. Further, authorization is hereby granted to the "Board" to verify the information submitted through appropriate procedure.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

Notary Seal:

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## FOR OFFICE USE ONLY

### CERTIFICATION GRANTED:

GENERAL  
DATE:

RESIDENTIAL  
DATE:

### LICENSE GRANTED:

TRAINEE LICENSE  
DATE:

LICENSE  
DATE: